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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

No N, Le

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

No N, Le

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 5	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>N. W. Anderson</i>	INITIALS <i>C. J. Sheely</i>		
Verified and Acknowledged				

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## TITLE

SYSTEM METHOD AND COMPUTER PROGRAM PRODUCT FOR MANAGING THEMES IN A MOBILE  
 PHONE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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